UPLAND HILLS NURSING AND REHABILITATION CENTER

125 EAST NORTH STREET

DODGEVI LLE Ownership: Non-Profit Corporation 53533 Phone: (608) 935-2329 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 44 Yes Total Licensed Bed Capacity (12/31/01): 44 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 28 Average Daily Census: 30 *********************** ************************

Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	39. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	25. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6	More Than 4 Years	35. 7
Day Servi ces	No	Mental Illness (Org./Psy)	21.4	65 - 74	10. 7		
Respite Care	Yes	Mental Illness (Other)	7. 1	75 - 84	35. 7		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	39. 3	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	10. 7	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	3. 6	İ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	17. 9	65 & 0ver	96. 4		
Transportation	No	Cerebrovascul ar	7. 1			RNs	16. 3
Referral Service	No	Di abetes	10. 7	Sex	%	LPNs	16. 4
Other Services	Yes	Respiratory	0. 0			Nursing Assistants,	
Provi de Day Programming for	i	Other Medical Conditions	32. 1	Male	39. 3	Ai des, & Orderlies	45. 5
Mentally Ill	No			Femal e	60. 7		
Provi de Day Programming for	i		100. 0		j		
Devel opmental ly Di sabled	No				100.0		***

Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	3	100. 0	150	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	3	10. 7
Skilled Care	0	0.0	0	17	85. 0	117	0	0.0	0	2	40.0	139	0	0.0	0	0	0.0	0	19	67. 9
Intermediate				1	5. 0	95	0	0.0	0	1	20.0	120	0	0.0	0	0	0.0	0	2	7. 1
Limited Care				2	10.0	80	0	0.0	0	1	20.0	120	0	0.0	0	0	0.0	0	3	10. 7
Personal Care				0	0.0	0	0	0.0	0	1	20.0	88	0	0.0	0	0	0.0	0	1	3.6
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100. 0		20	100.0		0	0.0		5	100.0		0	0.0		0	0.0		28	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of 12/	31/01
Deaths During Reporting Period	l	`					
		ľ		9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	16. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		57. 1	42. 9	28
Other Nursing Homes	2.0	Dressi ng	10. 7		64. 3	25. 0	28
Acute Care Hospitals	80.0	Transferring	35. 7		46. 4	17. 9	28
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 9		53. 6	28. 6	28
Rehabilitation Hospitals	0.0	Eati ng	57. 1		39. 3	3. 6	28
Other Locations	2.0	*************	**********	******	******	*********	*****
Total Number of Admissions	50	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern		14. 3		Respi ratory Care	21. 4
Private Home/No Home Health	30.8	0cc/Freq. Incontinent	t of Bladder	46. 4		Tracheostomy Care	0. 0
Private Home/With Home Health	30. 8	0cc/Freq. Incontinent	t of Bowel	35. 7		Sucti oni ng	0. 0
Other Nursing Homes	1. 9					Ostomy Care	3. 6
Acute Care Hospitals	1. 9	Mobility				Tube Feeding	3. 6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0. 0	Recei vi ng	Mechanically Altered Diets	50. 0
Rehabilitation Hospitals	1. 9						
Other Locations	7. 7	Skin Care				nt Characteristics	
Deaths	25. 0	With Pressure Sores		17. 9		ce Directives	60. 7
Total Number of Discharges		With Rashes		3. 6	Medi cati ons		
(Including Deaths)	52				Recei vi ng	Psychoactive Drugs	71. 4

	Thi s	Other Ho	spi tal -		Al 1
	Facility	Based Fac	ilities	Faci	lties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	68. 2	88. 1	0. 77	84. 6	0.81
Current Residents from In-County	92. 9	83. 9	1. 11	77. 0	1. 21
Admissions from In-County, Still Residing	18. 0	14. 8	1. 22	20. 8	0.87
Admissions/Average Daily Census	166. 7	202. 6	0. 82	128. 9	1. 29
Di scharges/Average Daily Census	173. 3	203. 2	0. 85	130. 0	1. 33
Discharges To Private Residence/Average Daily Census	106. 7	106. 2	1. 00	52. 8	2. 02
Residents Receiving Skilled Care	78. 6	92. 9	0. 85	85. 3	0. 92
Residents Aged 65 and Older	96. 4	91. 2	1. 06	87. 5	1. 10
Title 19 (Medicaid) Funded Residents	71. 4	66. 3	1. 08	68. 7	1.04
Private Pay Funded Residents	17. 9	22. 9	0. 78	22. 0	0.81
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	28. 6	31. 3	0. 91	33. 8	0.85
General Medical Service Residents	32. 1	20. 4	1. 57	19. 4	1.66
Impaired ADL (Mean)*	50. 7	49. 9	1. 02	49. 3	1.03
Psychological Problems	71. 4	53. 6	1. 33	51. 9	1. 38
Nursing Care Required (Mean)*	12. 5	7. 9	1. 58	7. 3	1. 70